Health Claims for Auto Insurance

# OCF-21B

## MANUAL FOR WEB USERS

July 2015

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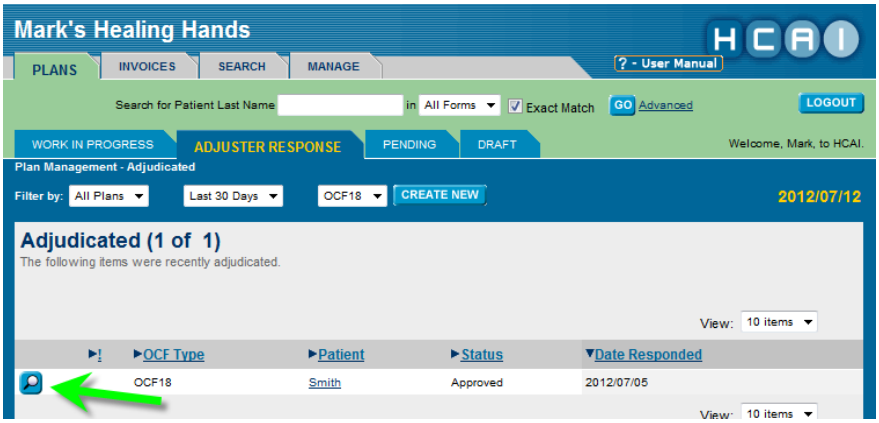
# Create an OCF-21B in HCAI

In HCAI, there are two options for OCF-21B creation:

1. Create an Invoice from a Plan.
   - This option can be used once your Facility submits the associated OCF-18 via HCAI.
2. Create an Invoice from scratch.
   - This option is used when your Facility has not previously submitted an OCF-18 via HCAI.

## From Plan Submitted via HCAI

*Figure 1: Plans → Adjuster Response sub-tab*

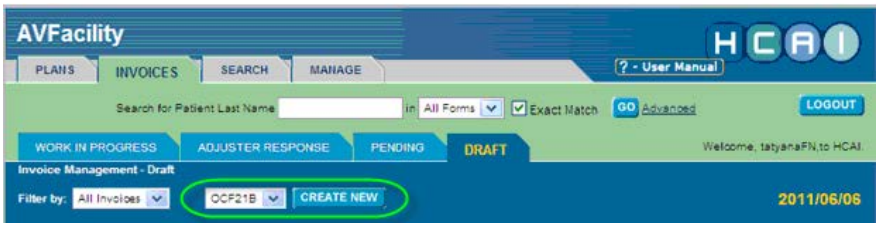



- Locate the submitted Plan and click on the magnifying glass to the left of that Plan (see Figure 1).
- The Plan will open. Click CREATE INVOICE (see Figure 2) and you will be brought directly into an Invoice.
- Many of the fields on the Invoice will be populated from the submitted OCF-18.

*Figure 2: Create Invoice from Plan*

## From Scratch

*Figure 3: Invoices global tab*

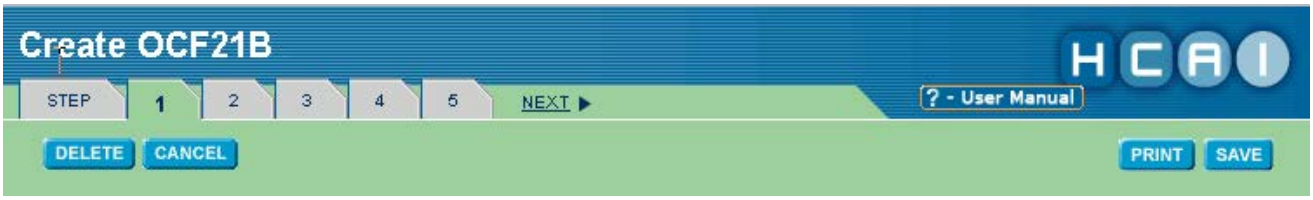



- Go to the Invoices tab and any sub-tab (see Figure 3).
- Select OCF-21B from the dropdown list and click CREATE NEW. A blank OCF-21B will open.

## *OCF-21B TABS*

The OCF-21B in HCAI is organized under five tabs.

*Figure 4: OCF-21B tabs*




**Tab 1**

- Claim Identifier
- Invoice Identifier
- Part 1 – Applicant (Patient) Information
- Part 2 – Auto Insurer Information

**Tab 2**

- Part 3 – Invoice details
- Part 4 – Payee Information (pre-populated)

**Tab 3**

- Injury and Sequelae Codes
- Reimbursable Goods and Services
- Totalling

**Tab 4**

- Other Insurer Information
- Totalling

**Tab 5**

- Additional Comments and/or Attachments

# TAB 1

## Claim Identifier

*Figure 5: Claim Identifier*

**From Plan**

- Data will be populated from the information on the submitted OCF-18. No edits are possible.

**From Scratch**

1. **Enter Claim number and/or Policy number**
   - The Applicant must provide the Claim Number (if known), the Policy Number and the date of the accident.
   - The Claim Number and Policy Number can be obtained from the insurance Adjuster.
   - The Policy Number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
   - The Claim Number and Policy Number may be the same.
2. **Enter the accident date** (forms will not be processed without an accident date)
   - If the Applicant/Patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

## Invoice Identifier

This information will be populated when the Invoice is submitted. No action is required

## Part 1 – Applicant Information

**From Plan**

Data will be populated from the information entered on the OCF-18. No edits are possible.

**From Scratch**

If creating the OCF-21B from scratch, the Applicant/Patient or substitute decision-maker should provide this information to the Facility.

- **Date of birth** of the Applicant/Patient.
- **Gender** of the Applicant/Patient.

## *Part 2 – Auto Insurer Information*

**From Plan**

- These fields are populated for you when creating the OCF-21B from a Plan.

**From Scratch**

- The Applicant/Patient or substitute decision-maker should provide this information to the Facility.

Independent adjusting companies and Adjusters

- Independent adjusting companies may be hired by Insurers to adjudicate Claims, but the HCAI application does not list independent adjusting companies.
- To direct Claim forms appropriately, the Facility should determine (typically by asking the Applicant/Patient or the independent Adjuster) the *name of the licensed Insurer* that insures the Applicant/Patient.

**Policy Holder Details**

- If the injured person seeking treatment is the Policy Holder, select “Yes” to the question “Is the Policy Holder the same as the Applicant?”
- If the injured person is not the Policy Holder, select “No” and enter the last name of the Policy Holder. The name of the Policy Holder can be obtained from the pink slip of the proof of insurance form.

## *Part 3 – Invoice Details*

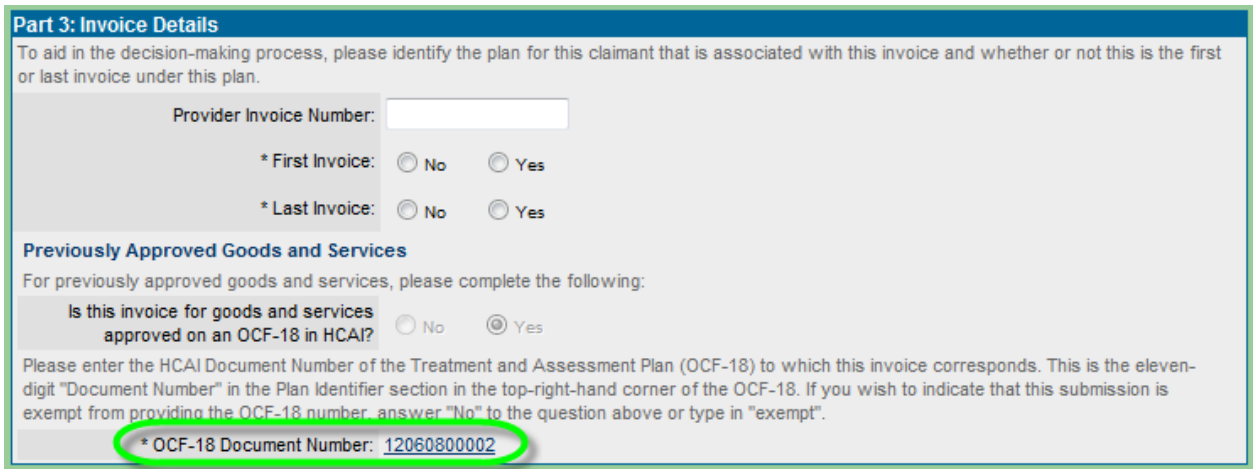
- If your Facility uses an internal Invoice numbering system, you may enter it in the **"**Provider Invoice Number" Field.
    - This number will appear in the HCAI worklist and will help you locate an Invoice after you have submitted it.
    - It is not a mandatory field and may be left blank.
- Click "Yes" for "First Invoice" if your Facility has not previously invoiced the Insurer for the associated Plan.
- Click "Yes" for "Last Invoice" if this is the last Invoice to be submitted for the associated Plan.

**Previously Approved Goods and Services**

**From Plan**

- When creating your Invoice from an OCF-18, the Plan's Document Number will be auto-populated and will not be editable. It will also link to the associated Plan.

*Figure 6: Invoice Details*


Part 3: Invoice Details
To aid in the decision-making process, please identify the plan for this claimant that is associated with this invoice and whether or not this is the first or last invoice under this plan.
Provider Invoice Number:
* First Invoice: No Yes
* Last Invoice: No Yes
Previously Approved Goods and Services
For previously approved goods and services, please complete the following:
Is this invoice for goods and services approved on an OCF-18 in HCAI? No Yes
Please enter the HCAI Document Number of the Treatment and Assessment Plan (OCF-18) to which this invoice corresponds. This is the eleven-digit "Document Number" in the Plan Identifier section in the top-right-hand corner of the OCF-18. If you wish to indicate that this submission is exempt from providing the OCF-18 number, answer "No" to the question above or type in "exempt".
* OCF-18 Document Number: 12060800002

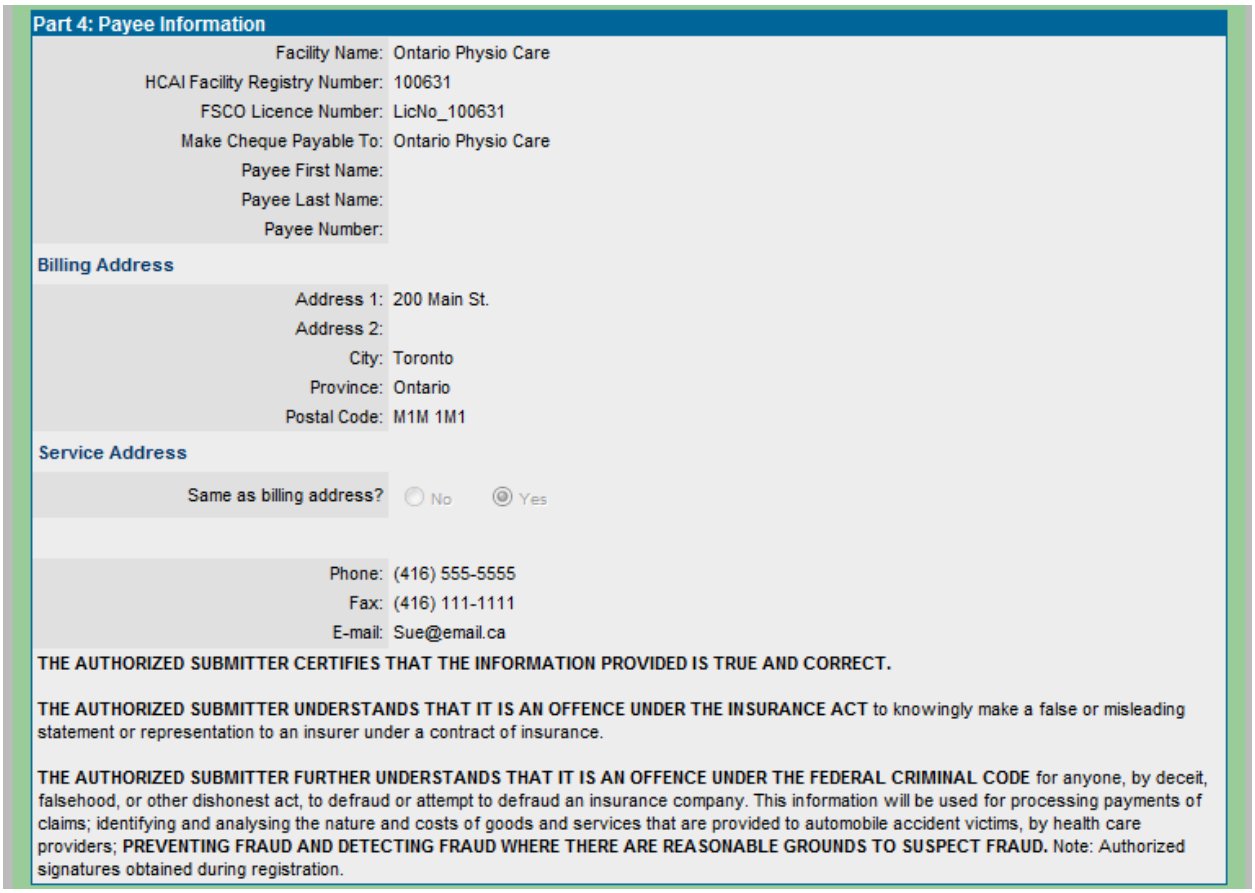
**From Scratch**

- Click "Yes" if the goods and services being invoiced are approved in the associated Plan and enter the Plan's Document Number.
    - If you do not have the Document Number, select "Yes" and type "exempt" (all lowercase) into the Document Number field. FSCO's HCAI Guideline explains when it is appropriate to request an exemption.
- If your Invoice includes goods and services that are not included in an approved Plan, select "No". This indicates you have selected an exemption from providing a Document Number.

## *Part 4 – Payee Information*

- Within the HCAI account's 'Facility Management' section, there is a question, 'Payee Field Editable on Invoices?'
  - If "Yes" is selected, the "Make Cheque Payable To" field may be changed.
  - If the HCF selected "No," the field next to "Make Cheque Payable To" may not be edited.

*Figure 7: Payee Information: "Yes" selected for "Payee Field Editable on Invoices?"*



**Part 4: Payee Information**

| | |
|---|---|
| Facility Name: | Ontario Physio Care |
| HCAI Facility Registry Number: | 100631 |
| FSCO Licence Number: | LicNo_100631 |
| Make Cheque Payable To: | Ontario Physio Care |
| Payee First Name: | |
| Payee Last Name: | |
| Payee Number: | |

**Billing Address**

| | |
|---|---|
| Address 1: | 200 Main St. |
| Address 2: | |
| City: | Toronto |
| Province: | Ontario |
| Postal Code: | M1M 1M1 |

**Service Address**

Same as billing address? ○ No ◉ Yes

| | |
|---|---|
| Phone: | (416) 555-5555 |
| Fax: | (416) 111-1111 |
| E-mail: | Sue@email.ca |

**THE AUTHORIZED SUBMITTER CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

**THE AUTHORIZED SUBMITTER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT** to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

**THE AUTHORIZED SUBMITTER FURTHER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE** for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature and costs of goods and services that are provided to automobile accident victims, by health care providers; **PREVENTING FRAUD AND DETECTING FRAUD WHERE THERE ARE REASONABLE GROUNDS TO SUSPECT FRAUD.** Note: Authorized signatures obtained during registration.

# TAB 3

## Injury and Sequelae Codes

### From Plan

- The injuries identified in the OCF-18 will populate this field.
    - If the injury or problem has changed since the Plan was approved, it is possible to edit the codes or add additional codes.

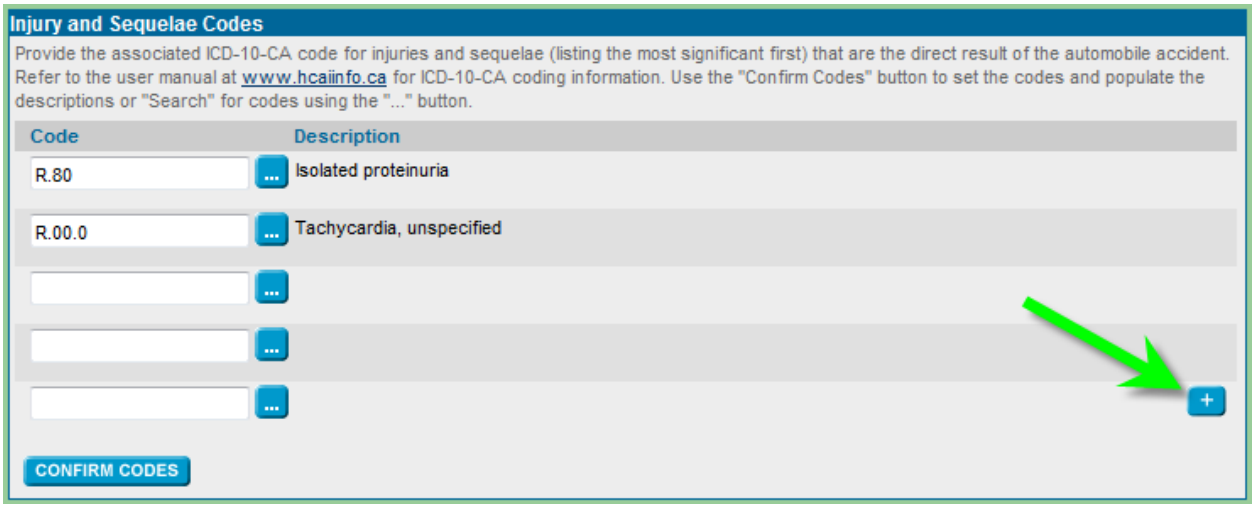
### From Scratch

- List the injuries and sequelae that are a direct result of the automobile accident. Descriptions will be provided with the corresponding injury code (ICD-10-CA).
- Each code should be listed only once, regardless of how many Health Care Providers will be engaged in the treatment.
- The first line item should reflect the primary reason you are proposing services, with the most significant injury first
- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.
- The use of ICD-10-CA codes is intended to classify problems; it is not the equivalent of communicating a diagnosis.

### Adding additional lines for injury/sequelae codes

To add lines for additional injuries, simply click on the + button near the bottom right of the Injury and Sequelae Codes section.

*Figure 8: Add additional injury/problem code line*


Injury and Sequelae Codes
Provide the associated ICD-10-CA code for injuries and sequelae (listing the most significant first) that are the direct result of the automobile accident. Refer to the user manual at www.hcaiinfo.ca for ICD-10-CA coding information. Use the "Confirm Codes" button to set the codes and populate the descriptions or "Search" for codes using the "..." button.
Code
Description
R.80
Isolated proteinuria
R.00.0
Tachycardia, unspecified
CONFIRM CODES

Refer to Appendix C, which is the partial pick list of injury/problem codes available at www.hcaiinfo.ca or contact your Health Professional Association.

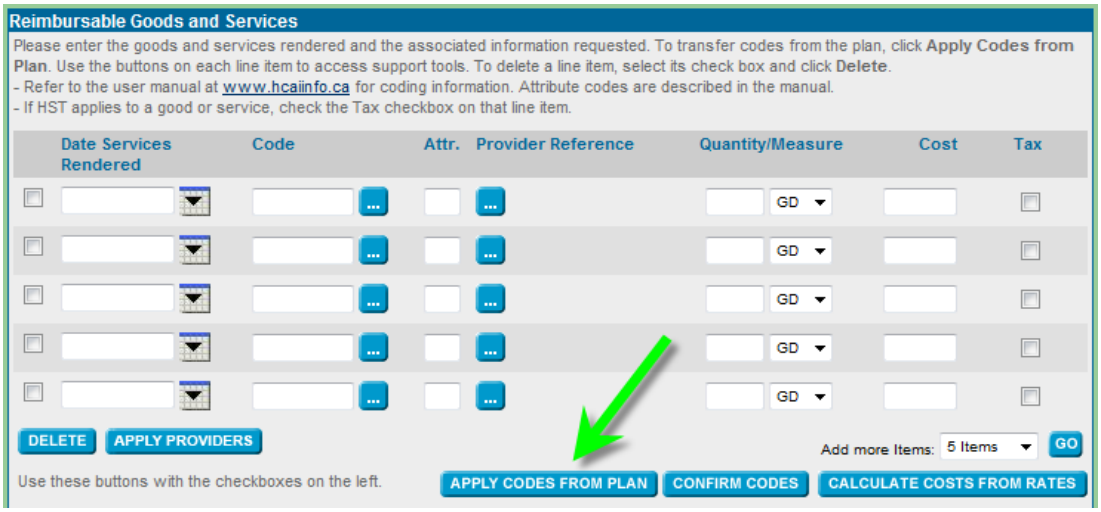
## *Reimbursable goods and services*

### From Plan

When an Invoice has been created from a Plan, you can populate this section with the goods and services listed on the Plan that was used to create the Invoice. To do this:

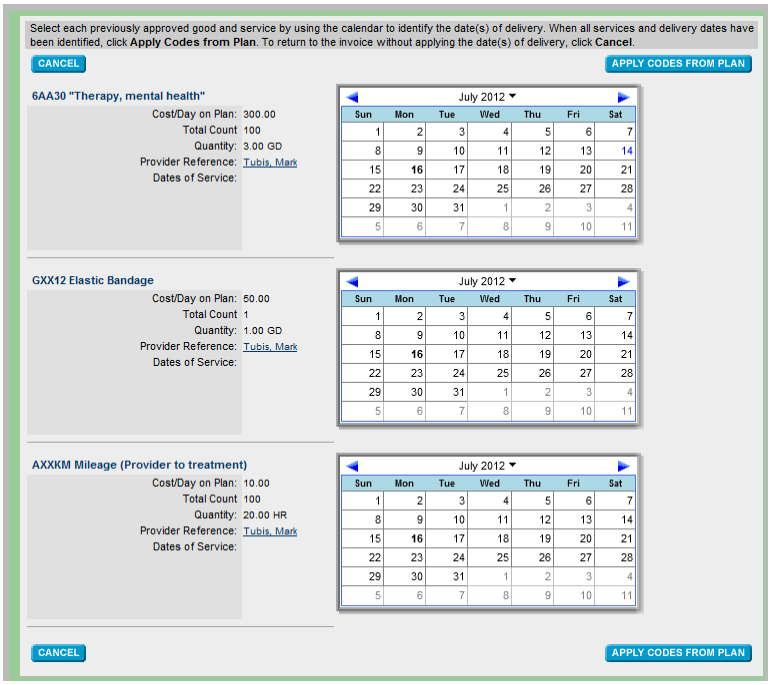
1. Click APPLY CODES FROM PLAN (note: this button will not appear when creating an Invoice from an Archived Plan).

*Figure 9: Apply codes from Plan*


Reimbursable Goods and Services
Please enter the goods and services rendered and the associated information requested. To transfer codes from the plan, click Apply Codes from Plan. Use the buttons on each line item to access support tools. To delete a line item, select its check box and click Delete.
- Refer to the user manual at www.hcaiinfo.ca for coding information. Attribute codes are described in the manual.
- If HST applies to a good or service, check the Tax checkbox on that line item.
Date Services Rendered
Code
Attr.
Provider Reference
Quantity/Measure
Cost
Tax
GD
DELETE
APPLY PROVIDERS
Add more Items:
5 Items
GO
Use these buttons with the checkboxes on the left.
APPLY CODES FROM PLAN
CONFIRM CODES
CALCULATE COSTS FROM RATES

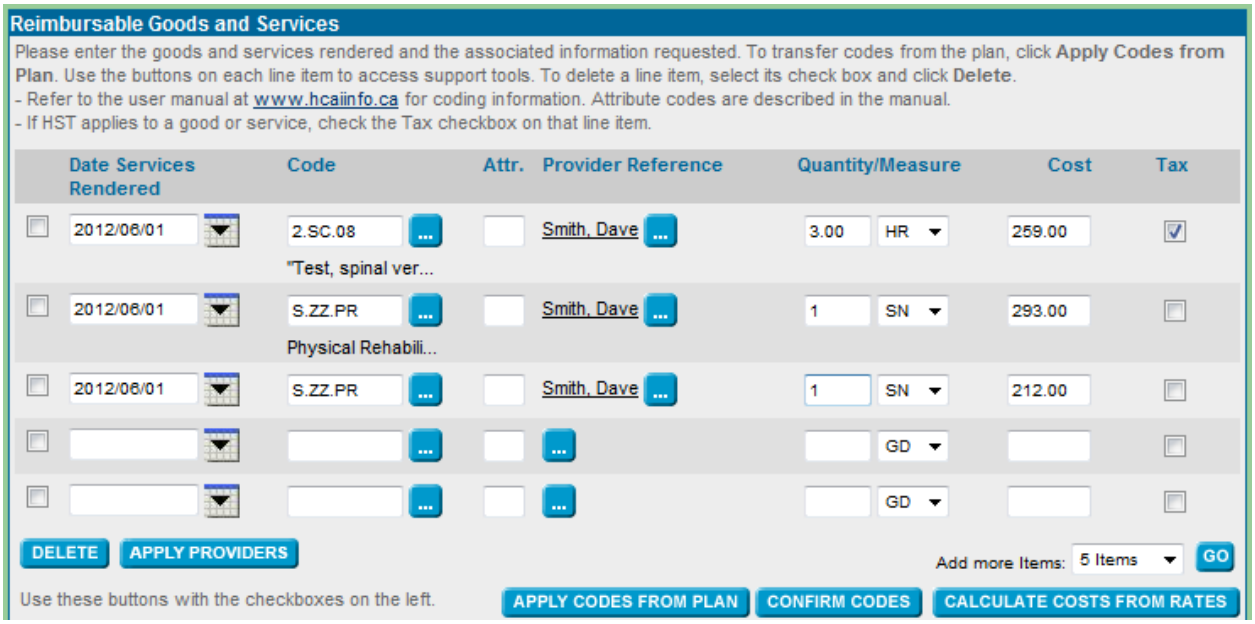
2. A screen will open that shows a calendar for each of the goods and services that were listed on the Plan (see Figure 10).
    - Use the calendar function to select each date the specified service was delivered to the Applicant/Patient.

*Figure 10: Select dates on which service was delivered*


Select each previously approved good and service by using the calendar to identify the date(s) of delivery. When all services and delivery dates have been identified, click Apply Codes from Plan. To return to the invoice without applying the date(s) of delivery, click Cancel.
CANCEL
APPLY CODES FROM PLAN
6AA30 "Therapy, mental health"
Cost/Day on Plan: 300.00
Total Count 100
Quantity: 3.00 GD
Provider Reference: Tubis, Mark
Dates of Service:
GXX12 Elastic Bandage
Cost/Day on Plan: 50.00
Total Count 1
Quantity: 1.00 GD
Provider Reference: Tubis, Mark
Dates of Service:
AXXKM Mileage (Provider to treatment)
Cost/Day on Plan: 10.00
Total Count 100
Quantity: 20.00 HR
Provider Reference: Tubis, Mark
Dates of Service:
July 2012
Sun Mon Tue Wed Thu Fri Sat
CANCEL
APPLY CODES FROM PLAN

3. When all lines have been completed, click APPLY CODES FROM PLAN again.
4. All of the goods and services along with the Provider Reference, Quantity/Measure, and Cost will populate the Invoice (see Figure 11).
    - **Note:** It is possible to edit the lines of goods and services. It is also possible to add goods or services that did not appear on the Plan.

*Figure 11: Line items will populate with services proposed in Plan*

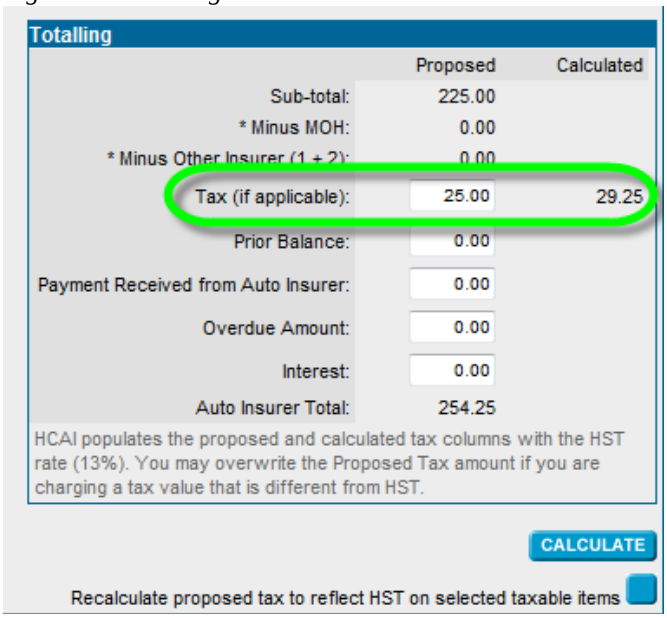



5. **Apply the Default Hourly Rate** – When the Providers listed on your Invoice were added to your Facility in HCAI, there was an option to assign a Default Hourly Rate. If the rate assigned is the correct rate to apply to your Invoice, click CALCULATE COSTS FROM RATES.
    - To manually enter or override the rate, enter the amount in the "Cost" field instead.
    - More information on how to calculate costs from rates and how to set a Provider's Default Hourly Rate is explained in the Provider Hourly Rates Did You Know? on HCAIinfo.
6. If Tax is applicable to a line item, check the box in the "Tax" column.

**Calculate**

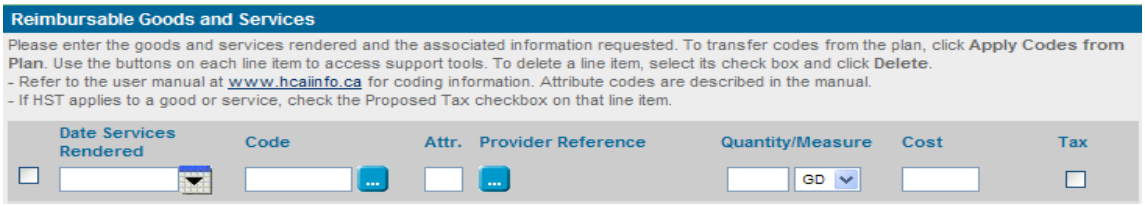
- When all of the proposed goods and/or services have been entered and any required fields in the Totalling section have been completed, click CALCULATE.
- HCAI calculates Tax (HST) and enters the amount into the *Auto Insurer Total*.
- If you wish to manually enter a different tax amount for your invoiced goods/services:
    - **I.** Click and uncheck the button underneath the Totalling box (see Figure 12)
    - **II.** Enter the new amount in the "Tax (if applicable)" field
    - **III.** Click CALCULATE for the new "Auto Insurer Total"

*Figure 12: Totalling and Tax Amounts*




## From Scratch

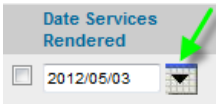
*Figure 13: Reimbursable Goods and Services line*


Reimbursable Goods and Services
Please enter the goods and services rendered and the associated information requested. To transfer codes from the plan, click Apply Codes from Plan. Use the buttons on each line item to access support tools. To delete a line item, select its check box and click Delete.
- Refer to the user manual at www.hcaiinfo.ca for coding information. Attribute codes are described in the manual.
- If HST applies to a good or service, check the Proposed Tax checkbox on that line item.
Date Services Rendered
Code
Attr.
Provider Reference
Quantity/Measure
Cost
Tax
GD

### Date service rendered

- All dates on which the Claimant attended for treatment should be listed.
- Dates should be formatted yyyy/mm/dd, and may be cut and pasted if several line items were delivered on the same date.
- The calendar utility may also be used (see Figure 14).

*Figure 14:* Date Services Rendered

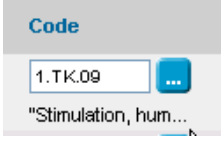



### Code

**Note:** The OCF-21B does not allow MIG/PAF codes.

- Enter the intervention by typing it directly into the field under “Code.” Or use the code search utility by clicking the blue button next to the “Code” field (see Figure 15).

*Figure 15: Intervention code*




- Select either “CCI” (Canadian Classification of Interventions) or GAP.

- GAP codes can be used for services that are not well reflected in the CCI.

Refer to Appendix C, available at www.hcaiinfo.ca or contact your Health Professional Association.

**Attribute**

- These codes are used to indicate how the service was delivered or, for example, the number of views in an X-ray study.
- Attribute is not mandatory, and can be left blank.

**Provider reference**

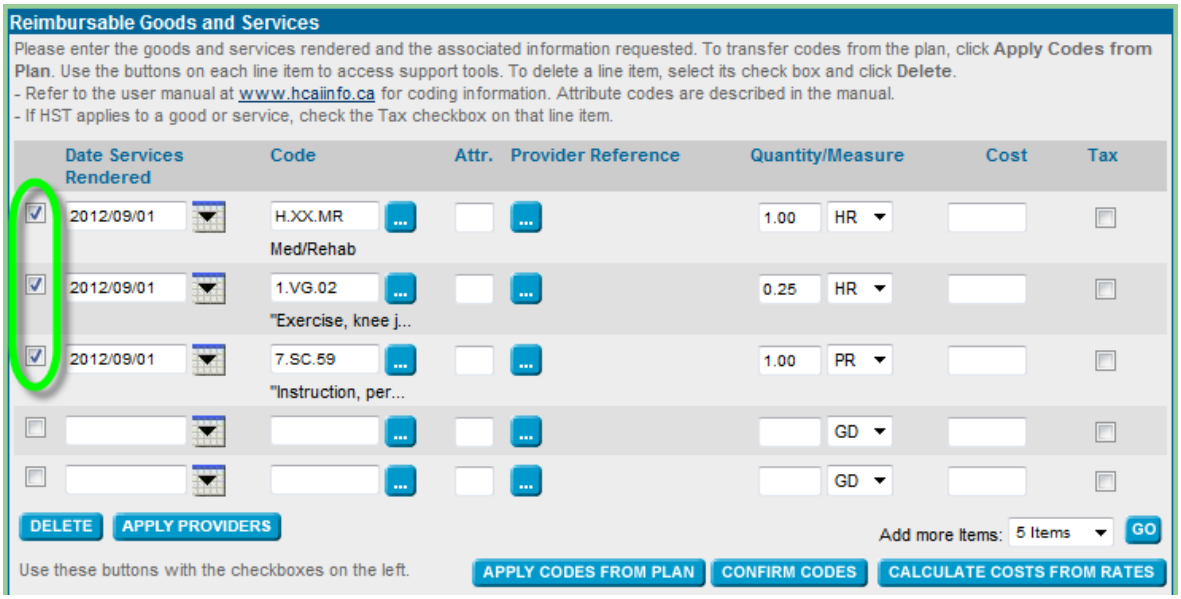
- Use the dropdown list to select the Health Care Provider who delivered care on a given date.
  - If more than one Health Care Provider delivered care, list only the one who was most responsible for each visit that is listed on the Invoice.

***Insert one Health Care Provider for multiple line items***

There is a shortcut for inserting one Health Care Provider name in multiple line items, as follows:

1. Complete all fields *except* for the "Provider Ref" fields.
2. Tick each box to the left of the completed line item.
3. Click APPLY PROVIDERS. Select the name of the Health Care Provider from the dropdown list and that name will populate all lines under "Provider Ref."

*Figure 16: Select line items for one Health Care Provider*




**Quantity and Unit Measure**

- Enter the quantity and unit measure of service provided during a single treatment visit/session.
  - *Examples*
    - 15 minutes = 0.25 HR
    - 1 procedure = 1 PR
    - 1 good (like a back support) = 1 GD
    - 10 km = 10 KM
    - 1 session = 1 SN

**Cost**

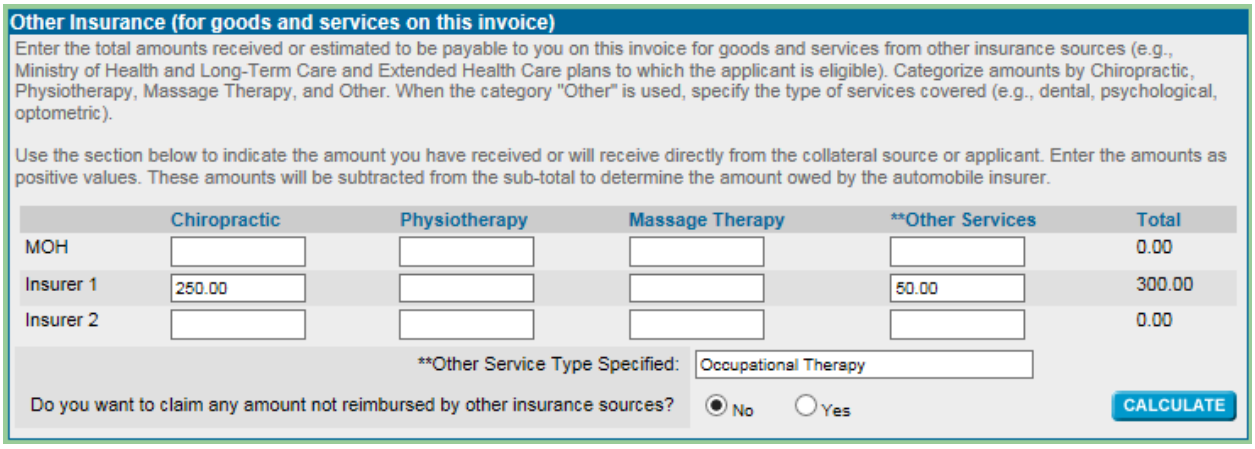
- HCAI enables HCFs to enter a default hourly rate for each Health Care Provider, which will be used in calculating the cost per line of treatment.
- Report the cost per service as described in the line.
    - *Example:* If the service was delivered for 0.5 HR, the cost column should reflect the cost to deliver that service by the Health Care Provider listed for 0.5 HR.
        - Note: Do not insert the hourly rate in this column.
    - *Example:* 15 minutes of massage. 0.25 HR by a massage therapist = 25% of the RMT's hourly fee. 0.25 x $53.66 = $13.41. This amount should be entered in the field under the "Cost" column.
        - While HCFs may charge fees in excess of the Superintendent's Professional Fee Guideline, Insurers are not required to pay fees that exceed that Guideline.

## *Other Insurance*

Select “Yes” or “No” to establish whether there is other insurance coverage.

- If ”Yes”:
  - Enter the information for MOH, Other Insurer 1 and, if applicable, Other Insurer 2.
  - These fields are not mandatory if you do not have the information.
  - If amounts are payable by another Insurer, enter the amounts within the ‘Other Insurance (for goods and services on this invoice) section. Do not use a negative (-) sign for these amounts. These amounts will be deducted from the amount owed by the Insurer.
  - For amounts previously identified for payment by another Insurer but subsequently ruled ineligible, select ‘Yes’ for the question, “Do you want to claim any amount not reimbursed by other insurance sources?’ Enter the amounts for the corresponding Insurer in the section that appears.
  - When the category “Other” is used, specify the type of services covered (e.g. dental, psychological, optometric).

*Figure 17: Other Insurance*

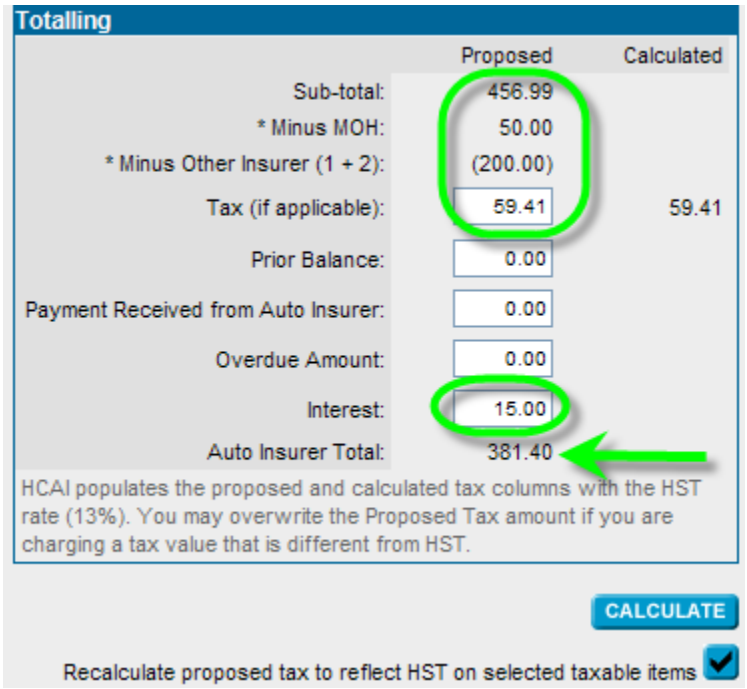

Other Insurance (for goods and services on this invoice)
Enter the total amounts received or estimated to be payable to you on this invoice for goods and services from other insurance sources (e.g., Ministry of Health and Long-Term Care and Extended Health Care plans to which the applicant is eligible). Categorize amounts by Chiropractic, Physiotherapy, Massage Therapy, and Other. When the category "Other" is used, specify the type of services covered (e.g., dental, psychological, optometric).
Use the section below to indicate the amount you have received or will receive directly from the collateral source or applicant. Enter the amounts as positive values. These amounts will be subtracted from the sub-total to determine the amount owed by the automobile insurer.
Chiropractic
Physiotherapy
Massage Therapy
**Other Services
Total
MOH
0.00
Insurer 1
250.00
50.00
300.00
Insurer 2
0.00
**Other Service Type Specified:
Occupational Therapy
Do you want to claim any amount not reimbursed by other insurance sources?
No
Yes
CALCULATE

**Totalling**

- *Sub-total* – Proposed Goods and Services Sub-total (calculated in Tab 3).
- *Minus MOH* – sum of all Ministry of Health and Long-Term Care amounts.
- *Minus Other Insurer* (1 + 2) – sum of all amounts received or payable to you from other Insurers.

- The following amounts are not added to the calculation of the *Auto Insurer Total*
  - *Prior Balance* - the “Auto Insurer Total” from your last Invoice.
  - *Overdue Amount*
  - *Payment Received from Auto Insurer* – any payments received by an Insurer can be applied here..
- The interest amount is added to the total.
  - *Interest* – owed to your HCF as a result of the Overdue Amount.

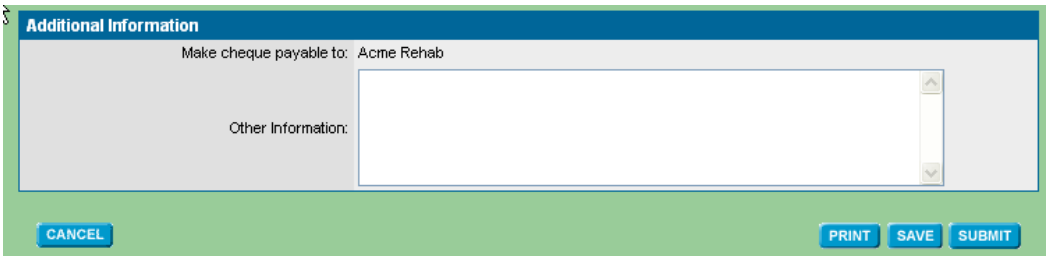
*Figure 18: Totalling*




### Additional information

- In Tab 4, near the bottom of the HCAI page, there is space that permits comments when there is a need to provide additional explanations/clarifications to the Insurer.
- Only 500 characters are allowed here. If more space is needed, use Tab 5.

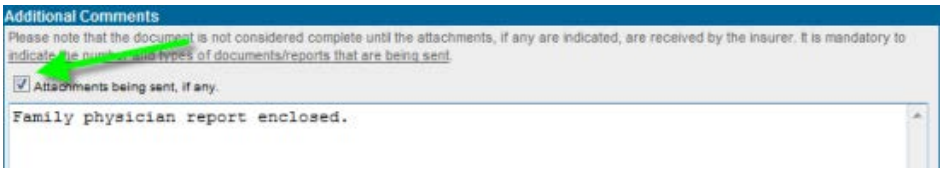
*Figure 19: Additional Information*



# TAB 5

## *Additional Comments*

*Figure 20: Additional Comments and attachments*


Additional Comments
Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer. It is mandatory to indicate the number and types of documents/reports that are being sent.
Attachments being sent, if any.
Family physician report enclosed.

HCAI enables HCFs to:

- Provide more information to Adjusters by using the space given in Tab 5.
- Advise Adjusters that additional documentation (attachments) the Insurer requires to adjudicate the form is being sent.

**How should attachments be sent?**

- Attachments must be faxed/mailed directly to the Adjuster.
    - Attachments cannot be sent electronically via HCAI and should not be sent to HCAI.
- To indicate an attachment is being sent to the Adjuster, check off “Attachments being sent, if any.” (see Figure 20)
    - When this box is checked, use the space below to describe the attachment being sent.